

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002343

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** NORTHSHORE MAINLAND SERVICES INC.

**Current Principal Place of Business:**

8000 NW 31ST  
UNIT 18  
MIAMI, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

10000 NW 25 ST  
UNIT 1  
MIAMI, FL 33172 US

**New Mailing Address:**

8000 NW 31ST  
UNIT 18  
MIAMI, FL 33122 US

**FEI Number:** 20-2459087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: DELANEY, DAPHNE C  
Address: P.O. BOX N-7776 (SLOT 193)  
City-St-Zip: LYFORD CAY, NASSAU BAHAMAS, OC OC

Title: D  
Name: ROBINSON, DON C  
Address: P. O. BOX N10977, BAHAMAR, CABLE BEACH  
City-St-Zip: NASSAU, BAHAMAS, OC OC

Title: D  
Name: LUDWIG, DOUGLAS L  
Address: P. O. BOX N10977, BAHAMAR, CABLE BEACH  
City-St-Zip: NASSAU, BAHAMAS, OC OC

Title: D  
Name: WILLIAMS, CARL R  
Address: P. O. BOX N10977, BAHAMAR, CABLE BEACH  
City-St-Zip: NASSAU, BAHAMAS, OC OC

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL ROBERT WILLIAMS

D

03/02/2011

Electronic Signature of Signing Officer or Director

Date